

# The Relationship of Public Health to the Doctor in Private Practice\*

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THIS has been more or less a controversial subject for many years. Every period of depression stimulates its discussion. The prolonged economic depression now prevailing has acutely accentuated this problem, for physicians are unable to collect fees from patients who have no money.

Public Health as a field of medical endeavor is of comparative recent development. In 1864 New York City appointed saloon keepers and ward heelers custodians of public health as political rewards, and the service rendered was what one would expect from such personnel. The day has passed when a drygoods clerk or a bright young man from a banking house is considered capable of handling problems of public health.

Health officers themselves have not been blameless in delaying a better understanding of their relationship to general medicine. We can all recall the type of health officer, who, like the Pharisee, when he thanked God he was not as other men were, thanked God he was not as other doctors were. Only by recognizing that public health is a field of special practice of preventive medicine as distinctively a specialty as

surgery, otology, or ophthalmology, can we probably orient ourselves in the general group of scientific organized medicine.

The curative field of medical endeavor reaches back into the earliest historical records of man. The hieroglyphics of the Egyptians and the clay tablets of the Babylonians contain descriptions of therapeutic practice of their day. Public health is comparatively of so recent origin, that its very newness has resulted in diversity of expression regarding its purposes and even the ethics of its aspirations.

It was but natural that with the dawning of community consciousness of public health responsibility, the most available personnel should have been utilized to carry on the not too well understood sanitary program. Quite generally throughout the East the City Poor Doctor readily stepped into service as the health officer. In our newer Western communities, medical care of the indigent sick grew up with public health, and little if any segregation has ever been made of personnel engaged in the preventive practice of public health, and those in purely curative medicine.

School health and development work is often criticized as an additional burden that public health puts upon the tax payer. This is an unfortunate mis-

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conception of what school health and development really is. It should more properly be designated as corrective physical education. The child with a visual or auditory defect, damaged heart, neurological impairment or deformity needs the care and guidance of skilled physicians, who are at once medical specialists and trained educators. The physically handicapped child requires this expert supervision if it is to develop into a useful citizen, instead of a charge later upon its family or public charity. The budget for corrective physical education should no more be charged as public health expense than any other part of the curriculum.

When declaration is made that public health should concern itself strictly with control of communicable disease, leaving therapeutics to private practice or welfare clinics, there are those who feel that all romance and interest would be removed from public health work. Glorious as have been the discoveries of curative medicine in alleviating the sufferings of mankind, equally glorious and romantic have been the sacrifices of our army medical and public health officers, who with their lives paid for the knowledge that now gives us control of yellow fever, malaria, typhus and Rocky Mountain spotted fever.

In California, statute law specifically designates counties as responsible for welfare,—food and shelter and medical care of the indigent sick. Such being the law, our City Attorney has expressed the legal opinion that we may no longer expend funds of our public health budget upon welfare. The Los Angeles County Welfare Department has some 17 million dollars in its budget entirely separate and apart from County Public Health, and can properly provide required care. When public health can eliminate entirely

curative practice, excepting only treatment of indigent sufferers from communicable disease, from its field of labor, it will be relieved of the most frequent cause of criticism from the physician engaged in private practice. Doctors, and not infrequently the medical societies, complain that public health physicians immunize and vaccinate children to the detriment of the private physician's income. Public health can not abdicate its responsibility to safeguard the health of the community. We can, however, meet the criticism by agreeing to discontinue our immunization and vaccination services, when and to the degree that the private physician accepts his responsibility by doing this preventive work. We should place the baby requiring immunization in the private physician's lap, with the observation that we were but its guardians, and gladly restore it to its natural parents. Every doctor has a degree of responsibility in protecting the public health, and when he recognizes this, we will have more money and personnel to devote to sanitary services outside his field of activities.

It has been the endeavor of the Los Angeles City Health Department to cultivate friendly understanding with organized medicine as represented by our County Medical Association. This has happily been accomplished and at our request the Board of Councilors of the Los Angeles County Medical Association have constituted their Public Health and Public Relations Committees the Medical Advisory Board to the Health Officer. With such an intimate affiliation between public health and organized scientific medicine there can be built up in years to come an ever better, happier and more useful public health service, recognized, as it should be, as an ethical specialty in the broad field of medical practice.